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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: (ASCA	DEVIEW FUTERT	Dises //6	
Sobrici. Criser	DEVIEW ENTERS Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vladimic Age	Name of Person	 .
	CASCADEVIEW EN	Firm/Company	
	2234 N FE	DERAL HWY #502 Address	26
	BOCA RATON,	FL 33431 City/State and Zip Code	
	CASCADE VIEWEN E-mail address: (TERDUS ES (O C+m 6 i to be used for future annual report notif	1.com
For further information c	roncerning this matter, please c	all:	· ~ ~~
VIOdimi Age	NOT f Person	at (954) 708 - 8 Area Code Daytime	vso 55 c Telephone Number 150
Enclosed is a check for t	ne following amount:		
∑ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASCADEVIEW ENTERDRISES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on Mar	rch 05, 2024 and assigned
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lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
	
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address on our reco	一会 巧rds, enter the name of the new registered
Enter Florida	street address
, Florida	
City	Zip Code
<u>:</u>	
performance of my provided for in Cha	acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability
	Enter Florida City ee to act in this cape performance of my provided for in Cha

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Doryle Boltozar	5507 SW 6TH CT	🗠 Add
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ote: If the date inser	ter than the date of it d, the date must be specific tted in this block does late on the Department	not meet the applicat	1 - 2024 o date of filing or more ble statutory filing r	(optiona than 90 days after filir equirements, this day	l) ig.) Pursuan ie will not	t to 605.020 be listed r
ecord specifies a dela is filed.	ayed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) 1	The 90th da	ay after the
ted <u>07-19-</u>	2024 1 P. Agena Signature	·	_ ·			
10 1	a Maria					
Viciolin	Signature	of a member or author	ized representative of	a member		

Filing Fee: \$25.00